



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Glebe House Nursing Home
Name of provider:	Cowper Care Centre Designated Activity Company
Address of centre:	Kiltiernan Care Centre, Glebe Road, Kiltiernan, Dublin 18
Type of inspection:	Short Notice Announced
Date of inspection:	19 July 2019
Centre ID:	OSV-0000039
Fieldwork ID:	MON-0027364

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre is on the outskirts of Dublin and is close to local amenities such as bus routes, local shops and close proximity to the M50. It is a purpose built single storey building that opened for business in 1994. There is a mixture of single (79%) and double en-suite bedrooms provided over three units. A fourth unit has been recently reconfigured to provide accommodation to cater for an additional six residents in single en-suite bedrooms. There is a hub in the middle of the centre with a seating area and dining space, and this is well used by the residents and their visitors. There are also other communal areas on each of the units. One unit has been designed to provide accommodation for residents with dementia, it has a communal sitting room, a dining room and a quiet sitting room, and the unit corridor provides space for residents to walk safely with objects of interest placed at intervals. There is access to the gardens and internal courtyards from each unit. The service provides general nursing and dementia care as long term care, respite or convalescence for residents with maximum, high, medium, and low needs. They are registered to offer 48 beds to male and female residents primarily over the age of 65. An application to increase occupancy to 54 residents has been made.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Inspector	Role
19 July 2019	Sonia McCague	Lead

What residents told us and what inspectors observed

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their daily routines, activity plans and interactions with the wider community.

Residents expressed satisfaction regarding the provision of services and were happy with the support and assistance provided by staff. Residents and family members were able to identify a staff member whom they would speak with if they were unhappy with something in the centre and were confident that appropriate action would be taken.

Capacity and capability

This was a well run centre. There was a good atmosphere. Residents, visitors and staff interacted well.

Governance arrangements were appropriate and the management team were engaged in the day to day business of the centre. A nominated person was available in the absence of the person in charge. Staff spoken with during this inspection were knowledgeable regarding her role, responsibilities and management arrangements of the centre. Staff were familiar with the care plans and condition of residents.

The provider representative and management team were available during the inspection. Assurances were provided that all were actively involved in the centre to ensure that there were sufficient resources for the effective delivery of care in accordance with the statement of purpose (SOP) and increase in resident numbers by six. Minimum staffing levels and commitment to admit a maximum of one resident per week was outlined within the SOP. Residents were protected through the centre's SOP, policies and procedures.

The inspector saw that systems were in place which ensured that service delivery was safe and effective through on-going auditing and monitoring of outcomes and key performance indicators.

An annual quality and safety review report was completed with an improvement plan identified. Residents and relatives surveys were carried out and their views included within the report. The provider and management team were involved in the on-

going recruitment and selection of staff.

Staff were recruited in compliance with the legislation. An examination of staff files showed that the information required by the Regulation was available in the centre and this included appropriate Garda vetting. The provider and person in charge gave assurances that all staff had completed Garda vetting prior to working in the centre.

There were sufficient staff to meet the needs of residents. Staff had access to education and training, appropriate to their role and responsibilities. Staff participated in an induction programme when recruited and their competencies are assessed and developed thereafter. Documentation is completed during this process and periodic reviews take place in line with the centre's recruitment policy. Mandatory and relevant training was provided and on-going to ensure staff were up to date. Staff had participated in dementia capable care and behaviour, Cardio pulmonary resuscitation, medication management, infection prevention and control, food safety, manual handling, safeguarding and nutrition. The inspector was told that there were no volunteers engaged with the centre.

The complaints policy and procedure was displayed and residents were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations.

Appropriate notifications were received by the Chief Inspector. These were reviewed and it was found that appropriate measures were taken to safeguard residents.

Information governance arrangements ensured that secure record-keeping and file management systems were in place. A record of insurance cover was in place.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider has completed an application to vary a condition of the registration and to increase its capacity by six residents to be able to accommodate 54 residents in four units.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of existing residents. Additional staff and skill mix to be put in place as resident numbers increased. This commitment was included within the revised statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were knowledgeable and skilled for example in safeguarding, infection prevention and control and safe moving and handling of residents.

Staff were appropriately supervised and appraised.

Judgment: Compliant

Regulation 21: Records

Records were accessible, stored securely and maintained as required based on the sample reviewed.

Judgment: Compliant

Regulation 22: Insurance

A current record of insurance cover was available.

Judgment: Compliant

Regulation 23: Governance and management

An established and effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Monitoring systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance.

Judgment: Compliant

Regulation 3: Statement of purpose

The revised statement of purpose accurately outlined the facilities and services that corresponded with the findings on inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained. Notifications were provided to the Chief Inspector within the identified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. A summary of the complaints procedure was also clearly displayed at various locations within the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures were available to staff to guide them in the service provision and delivery of care.

Judgment: Compliant

Quality and safety

The residents in this centre had a good quality of life and were receiving a good standard of care. Their rights were respected and promoted in practices observed and described.

Residents had care plans, based on an on-going comprehensive assessment of their needs which was implemented, evaluated and reviewed, reflecting their changing needs and the support required to maximise their quality of life in accordance with their wishes.

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. An effective social programme with a variety of meaningful activities for occupation and engagement was being implemented. Care and services provided ensured that supports were available to cater for the physical, behavioural and psychological well being of residents including those living with dementia and behavioural and psychological signs and symptoms of dementia (BPSD).

The centre was homely, well maintained and spacious. It was furnished to a high standard throughout and painting and re-decorating was to continue on an on-going basis. Many residents had availed of the option to personalise their own bedroom with colours, furniture and memorabilia of their choosing. All parts of the centre were accessible and some parts such as the dementia wing (3) had secure key code points to promote resident safety and security. There was access to secure outdoor areas from all wings. Up to 48 residents were being accommodated in three wings. Wing 4 was recently reconfigured to accommodate an additional six residents in fully furnished single en-suite bedrooms. Additional communal facilities were also available and fully furnished in this wing. The facilities were outlined within the revised SOP and floor plan.

The nursing home was clean throughout with suitable infection prevention and control practices in place.

Fire safety precautions were in place that included a fire alarm system, emergency equipment and procedures displayed. Staff were inducted and trained in fire safety matters and had attended fire drills. However, some improvement was required to ensure the fire drills incorporated a timed simulated evacuation that represented night time conditions, residents personal evacuation plans per compartment and were completed by all staff.

Regulation 17: Premises

The premises of the designated centre was appropriate to the number and needs of the residents and was operating in accordance with its statement of purpose. It was homely and residents said they found it comfortable. A variety of appropriate and suitable indoor and outdoor communal areas was available and accessible.

Six additional en-suite bedrooms were available following the reconfiguration of one wing (4). The centre is currently registered for 48 residents that are accommodated in wings 1, 2 and 3. The provider plans to accommodate 54 residents when the application to vary from 48 to 54 is granted.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

An up-to-date health and safety statement was also available in the centre.

Judgment: Compliant

Regulation 27: Infection control

Procedures consistent with the national standards for the prevention and control of health care associated infections were being implemented by staff.

The staff and household team ensured the centre was well presented and clean throughout.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place to ensure the environment was safe for residents, visitors and staff.

The risk posed by fire was subject to ongoing risk assessment and review. Regular servicing of the alarm system and safety equipment was maintained. Fires safety training was provided and frequent fire alarm drills and checks were completed. However, improvement was required to ensure all staff completed a simulated fire drill in accordance with the personal emergency evacuation plans of residents in place, in relation to each compartment to ensure their safe evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans were being implemented accordingly.

Judgment: Compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Glebe House Nursing Home OSV-000039

Inspection ID: MON-0027364

Date of inspection: 19/07/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>A simulated fire evacuation on wing 4 (a fire compartment), using a night duty staff compliment, was carried out on the 23rd of July. Six people (reflecting the bedroom and resident capacity of the compartment), made up of two ambulant, two semi-ambulant and two immobile 'residents' were evacuated in 5 minutes and 30 seconds. Fire drill report submitted to inspector on 24.07.19.</p> <p>Simulated fire evacuations involving each fire compartment, on a rotation basis, with a night duty staff compliment, has now been integrated into our fire training programme in each of our Designated Centres. These exercises are being recorded in our fire register with the names of staff in attendance and the time recorded to effect the evacuation.</p> <p>When a staff member joins our organisation they are required to undertake fire training as part of their Induction Programme. Each staff member is required to undergo Refresher Fire Training on an annual basis.</p> <p>Each staff member is required to participate in an active Fire Drill on a six-monthly basis.</p> <p>There is a Designated Fire Team assigned on each shift.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	24.07.19